

Fill in this information to identify your case:

Debtor 1	Arian Mowlavi, MD		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION		
Case number (if known)	8:22-bk-10296-ES		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

- | | |
|---|------------------------|
| 1. Schedule A/B: Property (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from Schedule A/B..... | \$ <u>1,000,000.00</u> |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ <u>6,903,101.00</u> |
| 1c. Copy line 63, Total of all property on Schedule A/B..... | \$ <u>7,903,101.00</u> |

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

- | | |
|--|------------------------|
| 2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D) | |
| 2a. Copy the total you listed in Column A Amount of claim, at the bottom of the last page of Part 1 of Schedule D... | \$ <u>3,919,677.11</u> |
| 3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... | \$ <u>0.00</u> |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... | \$ <u>1,536,180.20</u> |

Your total liabilities \$ 5,455,857.31

Part 3: Summarize Your Income and Expenses

- | | |
|---|---------------------|
| 4. <i>Schedule I: Your Income</i> (Official Form 106I) | |
| Copy your combined monthly income from line 12 of Schedule I..... | \$ <u>61,635.33</u> |
| 5. <i>Schedule J: Your Expenses</i> (Official Form 106J) | |
| Copy your monthly expenses from line 22c of Schedule J..... | \$ <u>57,836.67</u> |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☐ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

Total claim

\$

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$

9d. Student loans. (Copy line 6f.)

\$

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+\$

9g. **Total.** Add lines 9a through 9f.

\$

Fill in this information to identify your case and this filing:

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	First Name	Middle Name	Last Name
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	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION			
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Official Form 106A/B Schedule A/B: Property

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In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

32401 Seven Seas Dr

Street address, if available, or other description

Dana Point CA 92629-3529

City State ZIP Code

Orange

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

10% undivided separate property interest held through Mowlavi Trust

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$4,200,000.00

Current value of the portion you own?

\$420,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy in Common

☐ Check if this is community property (see instructions)

Debtor 1 MD, Arian Mowlavi,

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If you own or have more than one, list here:

1.2

1 Walking Stick

Street address, if available, or other description

Laguna Niguel CA 92677-5300

City State ZIP Code

County

What is the property? Check all that apply

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

10% undivided separate property interest held through Mowlavi Trust

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$4,200,000.00

Current value of the portion you own?

\$420,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy in Common

☐ Check if this is community property (see instructions)

1.3

If you own or have more than one, list here:

29332 Clipper Way

Street address, if available, or other description

Laguna Niguel CA 92677-4620

City State ZIP Code

County

What is the property? Check all that apply

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

10% undivided separate property interest held through Mowlavi Trust

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$1,600,000.00

Current value of the portion you own?

\$160,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy in Common

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$1,000,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: Land Rover

Model: Range Rover

Year: 2019

Approximate mileage: _____

Other information: _____

Interest held through Mowlavi Trust

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property

Current value of the entire property?

\$83,692.00

Current value of the portion you own?

\$83,692.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$83,692.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Miscellaneous household furnishings. 50% interest held through Mowlavi Trust

\$50,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

Miscellaneous household electronics. 50% interest held through Mowlavi Trust

\$12,500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

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11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Men's clothing and attire. Interest held through Mowlavi Trust

\$10,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Hublot 601 watch. Interest held through Mowlavi Trust

\$49,500.00

Rolex 116660 watch. Interest held through Mowlavi Trust

\$14,600.00

Rolex 16200 watch. Interest held through Mowlavi Trust

\$7,650.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$144,250.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Petty cash

\$500.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking Account Bank of America

\$36,541.07

17.2. Savings Account Bank of America

\$63,117.93

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

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19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

A.M. Cosmetic Surgery Clinics, Inc., a California corporation (100% interest held through Mowlavi Trust)

100.00

%

\$5,000,000.00

Cosmetic Plastic Surgery Institute, LLC (10% interest held through Mowlavi Trust)

10.00

%

\$300,000.00

Laguna Surgery Institute, LLC (30% interest held through Mowlavi Trust)

30.00

%

\$150,000.00

Mermaid Cosmetics, LLC (50% interest held through Mowlavi Trust)

50.00

%

\$125,000.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☐ No
☒ Yes. Describe each claim.....

Pending Lawsuit against Chalene Johnson and Team
Johnson LLC for Defamation and related causes of action.

\$1,000,000.00

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$6,675,159.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Debtor 1 MD, Arian Mowlavi,

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Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		<u>\$1,000,000.00</u>
56. Part 2: Total vehicles, line 5	<u>\$83,692.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$144,250.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$6,675,159.00</u>	
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62. Total personal property. Add lines 56 through 61...	<u>\$6,903,101.00</u>	Copy personal property total <u>\$6,903,101.00</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<u>\$7,903,101.00</u>

Fill in this information to identify your case:

Debtor 1 **Arian Mowlavi, MD**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION**

Case number **8:22-bk-10296-ES**
 (if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
32401 Seven Seas Dr Dana Point CA, 92629-3529 County : Orange 10% undivided separate property interest held through Mowlavi Trust Line from <i>Schedule A/B</i> : 1.1	\$420,000.00	<input checked="" type="checkbox"/> \$600,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.730(a)(1)
Land Rover Range Rover 2019 Line from <i>Schedule A/B</i> : 3.1	\$83,692.00	<input checked="" type="checkbox"/> \$3,325.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.010
Miscellaneous household furnishings. 50% interest held through Mowlavi Trust Line from <i>Schedule A/B</i> : 6.1	\$50,000.00	<input checked="" type="checkbox"/> \$50,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.020
Miscellaneous household electronics. 50% interest held through Mowlavi Trust Line from <i>Schedule A/B</i> : 7.1	\$12,500.00	<input checked="" type="checkbox"/> \$12,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.020

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Men's clothing and attire. Interest held through Mowlavi Trust Line from Schedule A/B: 11.1	\$10,000.00	<input checked="" type="checkbox"/> \$10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.020
Rolex 16200 watch. Interest held through Mowlavi Trust Line from Schedule A/B: 12.3	\$7,650.00	<input checked="" type="checkbox"/> \$7,650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP § 704.040
Bank of America Line from Schedule A/B: 17.1	\$36,541.07	<input checked="" type="checkbox"/> \$1,788.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 704.220
Pending Lawsuit against Chalene Johnson and Team Johnson LLC for Defamation and related causes of action. Line from Schedule A/B: 34.1	\$1,000,000.00	<input checked="" type="checkbox"/> \$1,000,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP §§ 704.140(a), 704.150(a)

3. **Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1 Arian Mowlavi, MD
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION

Case number 8:22-bk-10296-ES
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1 A.G., an individual
Nonpriority Creditor's Name
c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661
Number Street City State Zip Code

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☐ No
☒ Yes

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply
☒ Contingent
☒ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

unknown

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.2

B.C., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.3

B.H., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.4

B.M., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.5

C.C., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.6

C.J., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.7

C.L., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.8

C.S.J., an individual

Nonpriority Creditor's Name
**c/o Hodes Milman Ikuta
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.9

CDC Small Business Finance

Nonpriority Creditor's Name

**2448 Historic Decatur Rd Ste 200
San Diego, CA 92106-6116**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **5003**

\$738,228.00

When was the debt incurred? **07/01/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal Guarantee of SBA Loan**

4.10

**Chalene Johnson/Team Johnson
LLC**

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Attorney's fees**

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.11

D.P., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.12

G.C., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.13

G.G., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.14

J.H., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.15

K.A., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.16

K.M., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.17

L.G., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.18

L.S., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.19

M & J Star Construction, Inc.

Nonpriority Creditor's Name

**23482 Peralta Dr Ste D1
Laguna Hills, CA 92653-1733**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1015**

\$711,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.20

M.M., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.21

M.P., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.22

M.R., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.23

N.B., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.24

S.L., an individual

Nonpriority Creditor's Name

**c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.25

Sunbrite Pools

Nonpriority Creditor's Name

**2549 Eastbluff Dr Ste 389
Newport Beach, CA 92660-3500**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$86,952.20

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known)

8:22-bk-10296-ES

4.26

T.A., an individual

Nonpriority Creditor's Name
c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.27

V.S., an individual

Nonpriority Creditor's Name
c/o Hodes Milman Ikuta, LLP
9210 Irvine Center Dr
Irvine, CA 92618-4661

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☒ Yes

Last 4 digits of account number

unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 1,536,180.20

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ 1,536,180.20

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.001	Patient #1	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.002	Patient #2	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.003	Patient #3	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.004	Patient #4	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.005	Patient #5	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.006	Patient #6	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.007	Patient #7	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.008	Patient #8	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.009	Patient #9	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.010	Patient #10	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.011	Patient #11	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.012	Patient #12	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.013	Patient #13	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.014	Patient #14	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.015	Patient #15	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.016	Patient #16	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.017	Patient #17	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.018	Patient #18	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.019	Patient #19	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.020	Patient #20	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.021	Patient #21	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.022	Patient #22	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.023	Patient #23	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.024	Patient #24	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.025	Patient #25	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.026	Patient #26	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.027	Patient #27	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.028	Patient #28	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.029	Patient #29	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.030	Patient #30	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.031	Patient #31	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.032	Patient #32	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.033	Patient #33	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.034	Patient #34	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.035	Patient #35	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.036	Patient #36	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.037	Patient #37	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.038	Patient #38	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.039	Patient #39	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.040	Patient #40	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.041	Patient #41	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.042	Patient #42	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.043	Patient #43	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.044	Patient #44	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.045	Patient #45	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.046	Patient #46	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.047	Patient #47	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.048	Patient #48	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.049	Patient #49	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.050	Patient #50	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.051	Patient #51	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.052	Patient #52	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.053	Patient #53	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.054	Patient #54	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.055	Patient #55	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.056	Patient #56	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.057	Patient #57	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.058	Patient #58	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.059	Patient #59	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.060	Patient #60	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.061	Patient #61	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.062	Patient #62	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.063	Patient #63	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.064	Patient #64	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.065	Patient #65	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.066	Patient #66	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.067	Patient #67	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.068	Patient #68	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.069	Patient #69	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.070	Patient #70	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.071	Patient #71	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.072	Patient #72	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.073	Patient #73	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.074	Patient #74	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.075	Patient #75	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.076	Patient #76	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.077	Patient #77	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.078	Patient #78	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.079	Patient #79	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.080	Patient #80	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.081	Patient #81	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.082	Patient #82	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.083	Patient #83	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.084	Patient #84	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.085	Patient #85	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.086	Patient #86	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.087	Patient #87	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.088	Patient #88	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.089	Patient #89	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.090	Patient #90	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.091	Patient #91	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.092	Patient #92	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.093	Patient #93	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.094	Patient #94	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.095	Patient #95	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.096	Patient #96	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.097	Patient #97	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.098	Patient #98	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.099	Patient #99	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.100	Patient #100	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.101	Patient #101	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.102	Patient #102	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.103	Patient #103	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.104	Patient #104	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.105	Patient #105	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.106	Patient #106	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.107	Patient #107	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.108	Patient #108	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.109	Patient #109	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.110	Patient #110	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.111	Patient #111	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.112	Patient #112	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.113	Patient #113	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.114	Patient #114	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.115	Patient #115	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.116	Patient #116	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.117	Patient #117	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.118	Patient #118	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.119	Patient #119	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.120	Patient #120	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.121	Patient #121	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.122	Patient #122	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.123	Patient #123	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.124	Patient #124	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.125	Patient #125	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.126	Patient #126	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.127	Patient #127	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.128	Patient #128	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.129	Patient #129	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.130	Patient #130	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.131	Patient #131	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.132	Patient #132	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.133	Patient #133	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.134	Patient #134	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.135	Patient #135	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.136	Patient #136	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.137	Patient #137	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.138	Patient #138	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.139	Patient #139	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.140	Patient #140	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.141	Patient #141	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.142	Patient #142	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.143	Patient #143	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.144	Patient #144	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.145	Patient #145	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.146	Patient #146	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.147	Patient #147	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.148	Patient #148	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.149	Patient #149	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.150	Patient #150	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.151	Patient #151	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.152	Patient #152	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.153	Patient #153	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.154	Patient #154	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.155	Patient #155	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.156	Patient #156	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.157	Patient #157	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.158	Patient #158	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.159	Patient #159	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.160	Patient #160	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.161	Patient #161	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.162	Patient #162	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.163	Patient #163	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.164	Patient #164	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.165	Patient #165	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.166	Patient #166	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.167	Patient #167	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.168	Patient #168	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.169	Patient #169	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.170	Patient #170	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.171	Patient #171	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.172	Patient #172	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.173	Patient #173	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.174	Patient #174	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.175	Patient #175	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.176	Patient #176	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.177	Patient #177	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.178	Patient #178	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.179	Patient #179	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.180	Patient #180	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.181	Patient #181	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.182	Patient #182	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.183	Patient #183	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.184	Patient #184	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.185	Patient #185	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.186	Patient #186	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.187	Patient #187	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.188	Patient #188	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.189	Patient #189	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.190	Patient #190	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.191	Patient #191	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.192	Patient #192	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.193	Patient #193	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.194	Patient #194	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.195	Patient #195	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.196	Patient #196	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.197	Patient #197	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.198	Patient #198	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.199	Patient #199	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.200	Patient #200	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.201	Patient #201	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.202	Patient #202	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.203	Patient #203	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.204	Patient #204	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.205	Patient #205	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.206	Patient #206	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.207	Patient #207	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.208	Patient #208	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.209	Patient #209	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.210	Patient #210	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.211	Patient #211	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.212	Patient #212	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.213	Patient #213	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.214	Patient #214	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.215	Patient #215	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.216	Patient #216	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.217	Patient #217	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.218	Patient #218	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.219	Patient #219	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.220	Patient #220	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.221	Patient #221	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.222	Patient #222	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.223	Patient #223	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.224	Patient #224	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.225	Patient #225	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.226	Patient #226	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.227	Patient #227	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.228	Patient #228	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.229	Patient #229	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.230	Patient #230	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.231	Patient #231	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.232	Patient #232	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.233	Patient #233	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.234	Patient #234	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.235	Patient #235	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.236	Patient #236	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.237	Patient #237	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.238	Patient #238	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.239	Patient #239	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.240	Patient #240	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.241	Patient #241	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.242	Patient #242	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.243	Patient #243	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.244	Patient #244	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.245	Patient #245	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.246	Patient #246	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.247	Patient #247	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.248	Patient #248	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.249	Patient #249	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.250	Patient #250	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.251	Patient #251	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.252	Patient #252	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.253	Patient #253	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.254	Patient #254	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.255	Patient #255	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.256	Patient #256	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.257	Patient #257	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.258	Patient #258	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.259	Patient #259	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.260	Patient #260	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.261	Patient #261	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.262	Patient #262	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.263	Patient #263	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.264	Patient #264	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.265	Patient #265	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.266	Patient #266	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.267	Patient #267	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.268	Patient #268	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.269	Patient #269	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.270	Patient #270	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.271	Patient #271	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.272	Patient #272	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.273	Patient #273	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.274	Patient #274	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.275	Patient #275	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.276	Patient #276	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.277	Patient #277	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.278	Patient #278	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.279	Patient #279	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.280	Patient #280	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.281	Patient #281	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.282	Patient #282	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.283	Patient #283	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.284	Patient #284	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.285	Patient #285	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.286	Patient #286	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.287	Patient #287	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.288	Patient #288	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.289	Patient #289	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.290	Patient #290	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.291	Patient #291	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.292	Patient #292	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.293	Patient #293	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.294	Patient #294	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.295	Patient #295	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.296	Patient #296	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.297	Patient #297	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.298	Patient #298	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.299	Patient #299	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.300	Patient #300	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.301	Patient #301	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.302	Patient #302	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.303	Patient #303	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.304	Patient #304	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.305	Patient #305	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.306	Patient #306	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.307	Patient #307	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.308	Patient #308	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.309	Patient #309	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.310	Patient #310	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.311	Patient #311	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.312	Patient #312	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.313	Patient #313	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.314	Patient #314	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.315	Patient #315	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.316	Patient #316	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.317	Patient #317	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.318	Patient #318	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.319	Patient #319	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.320	Patient #320	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.321	Patient #321	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.322	Patient #322	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.323	Patient #323	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.324	Patient #324	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.325	Patient #325	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.326	Patient #326	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.327	Patient #327	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.328	Patient #328	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.329	Patient #329	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.330	Patient #330	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.331	Patient #331	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.332	Patient #332	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.333	Patient #333	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.334	Patient #334	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.335	Patient #335	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.336	Patient #336	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.337	Patient #337	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.338	Patient #338	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.339	Patient #339	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.340	Patient #340	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.341	Patient #341	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.342	Patient #342	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.343	Patient #343	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.344	Patient #344	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.345	Patient #345	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.346	Patient #346	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.347	Patient #347	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.348	Patient #348	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.349	Patient #349	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.350	Patient #350	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.351	Patient #351	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.352	Patient #352	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.353	Patient #353	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.354	Patient #354	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.355	Patient #355	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.356	Patient #356	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.357	Patient #357	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.358	Patient #358	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.359	Patient #359	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.360	Patient #360	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.361	Patient #361	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.362	Patient #362	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.363	Patient #363	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.364	Patient #364	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.365	Patient #365	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.366	Patient #366	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.367	Patient #367	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.368	Patient #368	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.369	Patient #369	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.370	Patient #370	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.371	Patient #371	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.372	Patient #372	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.373	Patient #373	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.374	Patient #374	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.375	Patient #375	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.376	Patient #376	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.377	Patient #377	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.378	Patient #378	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.379	Patient #379	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.380	Patient #380	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.381	Patient #381	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.382	Patient #382	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.383	Patient #383	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.384	Patient #384	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.385	Patient #385	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.386	Patient #386	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.387	Patient #387	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.388	Patient #388	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.389	Patient #389	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.390	Patient #390	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.391	Patient #391	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.392	Patient #392	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.393	Patient #393	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.394	Patient #394	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.395	Patient #395	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.396	Patient #396	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.397	Patient #397	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.398	Patient #398	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.399	Patient #399	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.400	Patient #400	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.401	Patient #401	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.402	Patient #402	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.403	Patient #403	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.404	Patient #404	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.405	Patient #405	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.406	Patient #406	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.407	Patient #407	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.408	Patient #408	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.409	Patient #409	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.410	Patient #410	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.411	Patient #411	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.412	Patient #412	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.413	Patient #413	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.414	Patient #414	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.415	Patient #415	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.416	Patient #416	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.417	Patient #417	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.418	Patient #418	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.419	Patient #419	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.420	Patient #420	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.421	Patient #421	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.422	Patient #422	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.423	Patient #423	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.424	Patient #424	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.425	Patient #425	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.426	Patient #426	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.427	Patient #427	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.428	Patient #428	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.429	Patient #429	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.430	Patient #430	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.431	Patient #431	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.432	Patient #432	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.433	Patient #433	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.434	Patient #434	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.435	Patient #435	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.436	Patient #436	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.437	Patient #437	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.438	Patient #438	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.439	Patient #439	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.440	Patient #440	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.441	Patient #441	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.442	Patient #442	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.443	Patient #443	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.444	Patient #444	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.445	Patient #445	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.446	Patient #446	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.447	Patient #447	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.448	Patient #448	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.449	Patient #449	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.450	Patient #450	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.451	Patient #451	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.452	Patient #452	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.453	Patient #453	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.454	Patient #454	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.455	Patient #455	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.456	Patient #456	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.457	Patient #457	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.458	Patient #458	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.459	Patient #459	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.460	Patient #460	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.461	Patient #461	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.462	Patient #462	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.463	Patient #463	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.464	Patient #464	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.465	Patient #465	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.466	Patient #466	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.467	Patient #467	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.468	Patient #468	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.469	Patient #469	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.470	Patient #470	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.471	Patient #471	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.472	Patient #472	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.473	Patient #473	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.474	Patient #474	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.475	Patient #475	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.476	Patient #476	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.477	Patient #477	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.478	Patient #478	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.479	Patient #479	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.480	Patient #480	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.481	Patient #481	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.482	Patient #482	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.483	Patient #483	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.484	Patient #484	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.485	Patient #485	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.486	Patient #486	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.487	Patient #487	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.488	Patient #488	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.489	Patient #489	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.490	Patient #490	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.491	Patient #491	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.492	Patient #492	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.493	Patient #493	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.494	Patient #494	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.495	Patient #495	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.496	Patient #496	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.497	Patient #497	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.498	Patient #498	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.499	Patient #499	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.500	Patient #500	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.501	Patient #501	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.502	Patient #502	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.503	Patient #503	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.504	Patient #504	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.505	Patient #505	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.506	Patient #506	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.507	Patient #507	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.508	Patient #508	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.509	Patient #509	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.510	Patient #510	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.511	Patient #511	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.512	Patient #512	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.513	Patient #513	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.514	Patient #514	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.515	Patient #515	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.516	Patient #516	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.517	Patient #517	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.518	Patient #518	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.519	Patient #519	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.520	Patient #520	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.521	Patient #521	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.522	Patient #522	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.523	Patient #523	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.524	Patient #524	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.525	Patient #525	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.526	Patient #526	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.527	Patient #527	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.528	Patient #528	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.529	Patient #529	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.530	Patient #530	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.531	Patient #531	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.532	Patient #532	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.533	Patient #533	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.534	Patient #534	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.535	Patient #535	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.536	Patient #536	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.537	Patient #537	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.538	Patient #538	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.539	Patient #539	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.540	Patient #540	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.541	Patient #541	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.542	Patient #542	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.543	Patient #543	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.544	Patient #544	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.545	Patient #545	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.546	Patient #546	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.547	Patient #547	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.548	Patient #548	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.549	Patient #549	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.550	Patient #550	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.551	Patient #551	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.552	Patient #552	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.553	Patient #553	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.554	Patient #554	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.555	Patient #555	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.556	Patient #556	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.557	Patient #557	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.558	Patient #558	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.559	Patient #559	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.560	Patient #560	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.561	Patient #561	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.562	Patient #562	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.563	Patient #563	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.564	Patient #564	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.565	Patient #565	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.566	Patient #566	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.567	Patient #567	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.568	Patient #568	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.569	Patient #569	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.570	Patient #570	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.571	Patient #571	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.572	Patient #572	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.573	Patient #573	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.574	Patient #574	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.575	Patient #575	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.576	Patient #576	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.577	Patient #577	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.578	Patient #578	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.579	Patient #579	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.580	Patient #580	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.581	Patient #581	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.582	Patient #582	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.583	Patient #583	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.584	Patient #584	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.585	Patient #585	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.586	Patient #586	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.587	Patient #587	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.588	Patient #588	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.589	Patient #589	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.590	Patient #590	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.591	Patient #591	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.592	Patient #592	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.593	Patient #593	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.594	Patient #594	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.595	Patient #595	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.596	Patient #596	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.597	Patient #597	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.598	Patient #598	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.599	Patient #599	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.600	Patient #600	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.601	Patient #601	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.602	Patient #602	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.603	Patient #603	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.604	Patient #604	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.605	Patient #605	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.606	Patient #606	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.607	Patient #607	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.608	Patient #608	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.609	Patient #609	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.610	Patient #610	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.611	Patient #611	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.612	Patient #612	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.613	Patient #613	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.614	Patient #614	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.615	Patient #615	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.616	Patient #616	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.617	Patient #617	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.618	Patient #618	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.619	Patient #619	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.620	Patient #620	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.621	Patient #621	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.622	Patient #622	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.623	Patient #623	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.624	Patient #624	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.625	Patient #625	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.626	Patient #626	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.627	Patient #627	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.628	Patient #628	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.629	Patient #629	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.630	Patient #630	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.631	Patient #631	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.632	Patient #632	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.633	Patient #633	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.634	Patient #634	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.635	Patient #635	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.636	Patient #636	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.637	Patient #637	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.638	Patient #638	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.639	Patient #639	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.640	Patient #640	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.641	Patient #641	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.642	Patient #642	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.643	Patient #643	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.644	Patient #644	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.645	Patient #645	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.646	Patient #646	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.647	Patient #647	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.648	Patient #648	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.649	Patient #649	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.650	Patient #650	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.651	Patient #651	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.652	Patient #652	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.653	Patient #653	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.654	Patient #654	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.655	Patient #655	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.656	Patient #656	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.657	Patient #657	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.658	Patient #658	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.659	Patient #659	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.660	Patient #660	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.661	Patient #661	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.662	Patient #662	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.663	Patient #663	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.664	Patient #664	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.665	Patient #665	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.666	Patient #666	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.667	Patient #667	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.668	Patient #668	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.669	Patient #669	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.670	Patient #670	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.671	Patient #671	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.672	Patient #672	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.673	Patient #673	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.674	Patient #674	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.675	Patient #675	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.676	Patient #676	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.677	Patient #677	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.678	Patient #678	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.679	Patient #679	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.680	Patient #680	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.681	Patient #681	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.682	Patient #682	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.683	Patient #683	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.684	Patient #684	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.685	Patient #685	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.686	Patient #686	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.687	Patient #687	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.688	Patient #688	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.689	Patient #689	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.690	Patient #690	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.691	Patient #691	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.692	Patient #692	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.693	Patient #693	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.694	Patient #694	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.695	Patient #695	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.696	Patient #696	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.697	Patient #697	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.698	Patient #698	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.699	Patient #699	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.700	Patient #700	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.701	Patient #701	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.702	Patient #702	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.703	Patient #703	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.704	Patient #704	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.705	Patient #705	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.706	Patient #706	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.707	Patient #707	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.708	Patient #708	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.709	Patient #709	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.710	Patient #710	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.711	Patient #711	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.712	Patient #712	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.713	Patient #713	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.714	Patient #714	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.715	Patient #715	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.716	Patient #716	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.717	Patient #717	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.718	Patient #718	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.719	Patient #719	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.720	Patient #720	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.721	Patient #721	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.722	Patient #722	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.723	Patient #723	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.724	Patient #724	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.725	Patient #725	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.726	Patient #726	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.727	Patient #727	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.728	Patient #728	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.729	Patient #729	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.730	Patient #730	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.731	Patient #731	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.732	Patient #732	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.733	Patient #733	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.734	Patient #734	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.735	Patient #735	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.736	Patient #736	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.737	Patient #737	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.738	Patient #738	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.739	Patient #739	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.740	Patient #740	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.741	Patient #741	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.742	Patient #742	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.743	Patient #743	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.744	Patient #744	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.745	Patient #745	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.746	Patient #746	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.747	Patient #747	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.748	Patient #748	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.749	Patient #749	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.750	Patient #750	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.751	Patient #751	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.752	Patient #752	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.753	Patient #753	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.754	Patient #754	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.755	Patient #755	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.756	Patient #756	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.757	Patient #757	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.758	Patient #758	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.759	Patient #759	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.760	Patient #760	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.761	Patient #761	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.762	Patient #762	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.763	Patient #763	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.764	Patient #764	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.765	Patient #765	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.766	Patient #766	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.767	Patient #767	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.768	Patient #768	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.769	Patient #769	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.770	Patient #770	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.771	Patient #771	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.772	Patient #772	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.773	Patient #773	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.774	Patient #774	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.775	Patient #775	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.776	Patient #776	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.777	Patient #777	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.778	Patient #778	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.779	Patient #779	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.780	Patient #780	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.781	Patient #781	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.782	Patient #782	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.783	Patient #783	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.784	Patient #784	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.785	Patient #785	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.786	Patient #786	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.787	Patient #787	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.788	Patient #788	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.789	Patient #789	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.790	Patient #790	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.791	Patient #791	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.792	Patient #792	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.793	Patient #793	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.794	Patient #794	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.795	Patient #795	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.796	Patient #796	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.797	Patient #797	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.798	Patient #798	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.799	Patient #799	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.800	Patient #800	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.801	Patient #801	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.802	Patient #802	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.803	Patient #803	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.804	Patient #804	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.805	Patient #805	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.806	Patient #806	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.807	Patient #807	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.808	Patient #808	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.809	Patient #809	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.810	Patient #810	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.811	Patient #811	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.812	Patient #812	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.813	Patient #813	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.814	Patient #814	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.815	Patient #815	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.816	Patient #816	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.817	Patient #817	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.818	Patient #818	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.819	Patient #819	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.820	Patient #820	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.821	Patient #821	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.822	Patient #822	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.823	Patient #823	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.824	Patient #824	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.825	Patient #825	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.826	Patient #826	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.827	Patient #827	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.828	Patient #828	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.829	Patient #829	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.830	Patient #830	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.831	Patient #831	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.832	Patient #832	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.833	Patient #833	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.834	Patient #834	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.835	Patient #835	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.836	Patient #836	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.837	Patient #837	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.838	Patient #838	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.839	Patient #839	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.840	Patient #840	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.841	Patient #841	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.842	Patient #842	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.843	Patient #843	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.844	Patient #844	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.845	Patient #845	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.846	Patient #846	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.847	Patient #847	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.848	Patient #848	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.849	Patient #849	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.850	Patient #850	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.851	Patient #851	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.852	Patient #852	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.853	Patient #853	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.854	Patient #854	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.855	Patient #855	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.856	Patient #856	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.857	Patient #857	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.858	Patient #858	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.859	Patient #859	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.860	Patient #860	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.861	Patient #861	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.862	Patient #862	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.863	Patient #863	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.864	Patient #864	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.865	Patient #865	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.866	Patient #866	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.867	Patient #867	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.868	Patient #868	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.869	Patient #869	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.870	Patient #870	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.871	Patient #871	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.872	Patient #872	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.873	Patient #873	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.874	Patient #874	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.875	Patient #875	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.876	Patient #876	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.877	Patient #877	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.878	Patient #878	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.879	Patient #879	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.880	Patient #880	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.881	Patient #881	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.882	Patient #882	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.883	Patient #883	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.884	Patient #884	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.885	Patient #885	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.886	Patient #886	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.887	Patient #887	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.888	Patient #888	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.889	Patient #889	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.890	Patient #890	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.891	Patient #891	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.892	Patient #892	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.893	Patient #893	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.894	Patient #894	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.895	Patient #895	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.896	Patient #896	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.897	Patient #897	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.898	Patient #898	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.899	Patient #899	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.900	Patient #900	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.901	Patient #901	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.902	Patient #902	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.903	Patient #903	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.904	Patient #904	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.905	Patient #905	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.906	Patient #906	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.907	Patient #907	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.908	Patient #908	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.909	Patient #909	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.910	Patient #910	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.911	Patient #911	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.912	Patient #912	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.913	Patient #913	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.914	Patient #914	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.915	Patient #915	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.916	Patient #916	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.917	Patient #917	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.918	Patient #918	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.919	Patient #919	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.920	Patient #920	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.921	Patient #921	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.922	Patient #922	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.923	Patient #923	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.924	Patient #924	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.925	Patient #925	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.926	Patient #926	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.927	Patient #927	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.928	Patient #928	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.929	Patient #929	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.930	Patient #930	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.931	Patient #931	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.932	Patient #932	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.933	Patient #933	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.934	Patient #934	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.935	Patient #935	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.936	Patient #936	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.937	Patient #937	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.938	Patient #938	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.939	Patient #939	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.940	Patient #940	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.941	Patient #941	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.942	Patient #942	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.943	Patient #943	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.944	Patient #944	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.945	Patient #945	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.946	Patient #946	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.947	Patient #947	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.948	Patient #948	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.949	Patient #949	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.950	Patient #950	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.951	Patient #951	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.952	Patient #952	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.953	Patient #953	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.954	Patient #954	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.955	Patient #955	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.956	Patient #956	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.957	Patient #957	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.958	Patient #958	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.959	Patient #959	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.960	Patient #960	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.961	Patient #961	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.962	Patient #962	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.963	Patient #963	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.964	Patient #964	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.965	Patient #965	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.966	Patient #966	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.967	Patient #967	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.968	Patient #968	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.969	Patient #969	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.970	Patient #970	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.971	Patient #971	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.972	Patient #972	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.973	Patient #973	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.974	Patient #974	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.975	Patient #975	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.976	Patient #976	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.977	Patient #977	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.978	Patient #978	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.979	Patient #979	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.980	Patient #980	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.981	Patient #981	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.982	Patient #982	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.983	Patient #983	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.984	Patient #984	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.985	Patient #985	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.986	Patient #986	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.987	Patient #987	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.988	Patient #988	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.989	Patient #989	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.990	Patient #990	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.991	Patient #991	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.992	Patient #992	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.993	Patient #993	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.994	Patient #994	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.995	Patient #995	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.996	Patient #996	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.997	Patient #997	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.998	Patient #998	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.999	Patient #999	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT

Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.1000	Patient #1000	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1001	Patient #1001	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1002	Patient #1002	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1003	Patient #1003	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1004	Patient #1004	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1005	Patient #1005	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1006	Patient #1006	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1007	Patient #1007	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1008	Patient #1008	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1009	Patient #1009	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1010	Patient #1010	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1011	Patient #1011	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1012	Patient #1012	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1013	Patient #1013	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1014	Patient #1014	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1015	Patient #1015	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1016	Patient #1016	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1017	Patient #1017	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1018	Patient #1018	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1019	Patient #1019	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1020	Patient #1020	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1021	Patient #1021	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1022	Patient #1022	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1023	Patient #1023	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1024	Patient #1024	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1025	Patient #1025	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1026	Patient #1026	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1027	Patient #1027	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1028	Patient #1028	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1029	Patient #1029	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1030	Patient #1030	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1031	Patient #1031	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1032	Patient #1032	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1033	Patient #1033	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1034	Patient #1034	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1035	Patient #1035	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1036	Patient #1036	Address on File	Patient Claim	X	X	X	No	UNKNOWN

SCHEDULE E/F, PART 2 ATTACHMENT
Creditors Who Have Non-Priority Unsecured Claims

ID	Creditor's Name	Address 1	Basis for Claim	Contingent	Unliquidated	Disputed	Is the Claim Subject to Offset? (Yes/No)	Claim Amount
3.1037	Patient #1037	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1038	Patient #1038	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1039	Patient #1039	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1040	Patient #1040	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1041	Patient #1041	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1042	Patient #1042	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1043	Patient #1043	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1044	Patient #1044	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1045	Patient #1045	Address on File	Patient Claim	X	X	X	No	UNKNOWN
3.1046	Patient #1046	Address on File	Patient Claim	X	X	X	No	UNKNOWN
TOTAL:								UNKNOWN

Fill in this information to identify your case:			
Debtor 1	Arian Mowlavi, MD		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION		
Case number (if known)	8:22-bk-10296-ES		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Atefeh Perdin and Seaghi Sabghati 29332 Clipper Way Laguna Niguel, CA 92677-4620	12 month lease on 29332 Clipper Way, Laguna Niguel, CA 92677 (Debtor is Lessor).
2.2 M&J Star Construction, Inc. 23482 Peralta Dr Ste D1 Laguna Hills, CA 92653-1733	Contract for 1 Walking Stick remodeling.
2.3 Sunbrite Pools 2549 Eastbluff Dr Ste 389 Newport Beach, CA 92660-3500	Pool contract for 1 Walking Stick remodeling.

Fill in this information to identify your case:

Debtor 1 Arian Mowlavi, MD
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION

Case number 8:22-bk-10296-ES
(if known)

☐ Check if this is an
amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No
☒ Yes.

In which community state or territory did you live?

CA . Fill in the name and current address of that person.

Sarv Homayounpour
32401 Seven Seas Dr
Dana Point, CA 92629-3529

Name of your spouse, former spouse, or legal equivalent
Number, Street, City, State & Zip Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.1
☐ Schedule G _____
A.G., an individual

3.2 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.2
☐ Schedule G _____
B.C., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.3 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.3**
☐ Schedule G _____
B.H., an individual

3.4 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.4**
☐ Schedule G _____
B.M., an individual

3.5 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.5**
☐ Schedule G _____
C.C., an individual

3.6 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.6**
☐ Schedule G _____
C.J., an individual

3.7 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.7**
☐ Schedule G _____
C.L., an individual

3.8 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.8**
☐ Schedule G _____
C.S.J., an individual

3.9 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.9**
☐ Schedule G _____
CDC Small Business Finance

3.10 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
D.P., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.11 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.12**
☐ Schedule G _____
G.C., an individual

3.12 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
G.G., an individual

3.13 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.14**
☐ Schedule G _____
J.H., an individual

3.14 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.15**
☐ Schedule G _____
K.A., an individual

3.15 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.16**
☐ Schedule G _____
K.M., an individual

3.16 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.17**
☐ Schedule G _____
L.G., an individual

3.17 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.18**
☐ Schedule G _____
L.S., an individual

3.18 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.20**
☐ Schedule G _____
M.M., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.19 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.21**
☐ Schedule G _____
M.P., an individual

3.20 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.22**
☐ Schedule G _____
M.R., an individual

3.21 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.23**
☐ Schedule G _____
N.B., an individual

3.22 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.24**
☐ Schedule G _____
S.L., an individual

3.23 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.26**
☐ Schedule G _____
T.A., an individual

3.24 **A.M. Cosmetic Surgery Clinics, Inc.**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.27**
☐ Schedule G _____
V.S., an individual

3.25 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.1**
☐ Schedule G _____
A.G., an individual

3.26 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.2**
☐ Schedule G _____
B.C., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.27 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.3**
☐ Schedule G _____
B.H., an individual

3.28 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.4**
☐ Schedule G _____
B.M., an individual

3.29 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.5**
☐ Schedule G _____
C.C., an individual

3.30 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.6**
☐ Schedule G _____
C.J., an individual

3.31 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.7**
☐ Schedule G _____
C.L., an individual

3.32 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.8**
☐ Schedule G _____
C.S.J., an individual

3.33 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
D.P., an individual

3.34 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.12**
☐ Schedule G _____
G.C., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.35 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
G.G., an individual

3.36 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.14**
☐ Schedule G _____
J.H., an individual

3.37 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.15**
☐ Schedule G _____
K.A., an individual

3.38 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.16**
☐ Schedule G _____
K.M., an individual

3.39 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.17**
☐ Schedule G _____
L.G., an individual

3.40 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.18**
☐ Schedule G _____
L.S., an individual

3.41 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.20**
☐ Schedule G _____
M.M., an individual

3.42 **Antonious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.21**
☐ Schedule G _____
M.P., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.43 **Antionious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.22**
☐ Schedule G _____
M.R., an individual

3.44 **Antionious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.23**
☐ Schedule G _____
N.B., an individual

3.45 **Antionious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.24**
☐ Schedule G _____
S.L., an individual

3.46 **Antionious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.26**
☐ Schedule G _____
T.A., an individual

3.47 **Antionious Abraham, PA-C**
99 Corn Rd
Bolton, MA 01740-1055

☐ Schedule D, line _____
☒ Schedule E/F, line **4.27**
☐ Schedule G _____
V.S., an individual

3.48 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line **4.1**
☐ Schedule G _____
A.G., an individual

3.49 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line **4.2**
☐ Schedule G _____
B.C., an individual

3.50 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line **4.3**
☐ Schedule G _____
B.H., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.51 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.4
☐ Schedule G _____
B.M., an individual

3.52 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.5
☐ Schedule G _____
C.C., an individual

3.53 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.6
☐ Schedule G _____
C.J., an individual

3.54 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.7
☐ Schedule G _____
C.L., an individual

3.55 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.8
☐ Schedule G _____
C.S.J., an individual

3.56 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.11
☐ Schedule G _____
D.P., an individual

3.57 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.12
☐ Schedule G _____
G.C., an individual

3.58 **Emmanuel Addo, MD**
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.13
☐ Schedule G _____
G.G., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.59 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.14
☐ Schedule G _____
J.H., an individual

3.60 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.15
☐ Schedule G _____
K.A., an individual

3.61 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.16
☐ Schedule G _____
K.M., an individual

3.62 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.17
☐ Schedule G _____
L.G., an individual

3.63 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.18
☐ Schedule G _____
L.S., an individual

3.64 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.20
☐ Schedule G _____
M.M., an individual

3.65 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.21
☐ Schedule G _____
M.P., an individual

3.66 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.22
☐ Schedule G _____
M.R., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.67 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.23
☐ Schedule G _____
N.B., an individual

3.68 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.24
☐ Schedule G _____
S.L., an individual

3.69 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.26
☐ Schedule G _____
T.A., an individual

3.70 Emmanuel Addo, MD
14662 Newport Ave
Tustin, CA 92780-6064

☐ Schedule D, line _____
☒ Schedule E/F, line 4.27
☐ Schedule G _____
V.S., an individual

3.71 James Gardner
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.1
☐ Schedule G _____
A.G., an individual

3.72 James Gardner
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.2
☐ Schedule G _____
B.C., an individual

3.73 James Gardner
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.3
☐ Schedule G _____
B.H., an individual

3.74 James Gardner
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.4
☐ Schedule G _____
B.M., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.75 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.5**
☐ Schedule G _____
C.C., an individual

3.76 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.6**
☐ Schedule G _____
C.J., an individual

3.77 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.7**
☐ Schedule G _____
C.L., an individual

3.78 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.8**
☐ Schedule G _____
C.S.J., an individual

3.79 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
D.P., an individual

3.80 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.12**
☐ Schedule G _____
G.C., an individual

3.81 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
G.G., an individual

3.82 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.14**
☐ Schedule G _____
J.H., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.83 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.15**
☐ Schedule G _____
K.A., an individual

3.84 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.16**
☐ Schedule G _____
K.M., an individual

3.85 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.17**
☐ Schedule G _____
L.G., an individual

3.86 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.18**
☐ Schedule G _____
L.S., an individual

3.87 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.20**
☐ Schedule G _____
M.M., an individual

3.88 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.21**
☐ Schedule G _____
M.P., an individual

3.89 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.22**
☐ Schedule G _____
M.R., an individual

3.90 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.23**
☐ Schedule G _____
N.B., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.91 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.24**
☐ Schedule G _____
S.L., an individual

3.92 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.26**
☐ Schedule G _____
T.A., an individual

3.93 **James Gardner**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.27**
☐ Schedule G _____
V.S., an individual

3.94 **Laguna Surgery Institute, LLC**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.1**
☐ Schedule G _____
A.G., an individual

3.95 **Laguna Surgery Institute, LLC**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.2**
☐ Schedule G _____
B.C., an individual

3.96 **Laguna Surgery Institute, LLC**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.3**
☐ Schedule G _____
B.H., an individual

3.97 **Laguna Surgery Institute, LLC**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.4**
☐ Schedule G _____
B.M., an individual

3.98 **Laguna Surgery Institute, LLC**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.5**
☐ Schedule G _____
C.C., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.99 **Laguna Surgery Institute, LLC**
32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.6
☐ Schedule G _____
C.J., an individual

3.10 **Laguna Surgery Institute, LLC**
0 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.7
☐ Schedule G _____
C.L., an individual

3.10 **Laguna Surgery Institute, LLC**
1 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.8
☐ Schedule G _____
C.S.J., an individual

3.10 **Laguna Surgery Institute, LLC**
2 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.9
☐ Schedule G _____
CDC Small Business Finance

3.10 **Laguna Surgery Institute, LLC**
3 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.11
☐ Schedule G _____
D.P., an individual

3.10 **Laguna Surgery Institute, LLC**
4 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.12
☐ Schedule G _____
G.C., an individual

3.10 **Laguna Surgery Institute, LLC**
5 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.13
☐ Schedule G _____
G.G., an individual

3.10 **Laguna Surgery Institute, LLC**
6 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.14
☐ Schedule G _____
J.H., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.10 Laguna Surgery Institute, LLC
7 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.15
☐ Schedule G _____
K.A., an individual

3.10 Laguna Surgery Institute, LLC
8 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.16
☐ Schedule G _____
K.M., an individual

3.10 Laguna Surgery Institute, LLC
9 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.17
☐ Schedule G _____
L.G., an individual

3.11 Laguna Surgery Institute, LLC
0 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.18
☐ Schedule G _____
L.S., an individual

3.11 Laguna Surgery Institute, LLC
1 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.20
☐ Schedule G _____
M.M., an individual

3.11 Laguna Surgery Institute, LLC
2 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.21
☐ Schedule G _____
M.P., an individual

3.11 Laguna Surgery Institute, LLC
3 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.22
☐ Schedule G _____
M.R., an individual

3.11 Laguna Surgery Institute, LLC
4 32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line 4.23
☐ Schedule G _____
N.B., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.11 **Laguna Surgery Institute, LLC**
5 **32406 Coast Hwy # 1**
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.24**
☐ Schedule G _____
S.L., an individual

3.11 **Laguna Surgery Institute, LLC**
6 **32406 Coast Hwy # 1**
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.26**
☐ Schedule G _____
T.A., an individual

3.11 **Laguna Surgery Institute, LLC**
7 **32406 Coast Hwy # 1**
Laguna Beach, CA 92651-6783

☐ Schedule D, line _____
☒ Schedule E/F, line **4.27**
☐ Schedule G _____
V.S., an individual

3.11 **Sarv Homayounpour**
8 **32401 Seven Seas Dr**
Dana Point, CA 92629-3529

☐ Schedule D, line _____
☒ Schedule E/F, line **4.9**
☐ Schedule G _____
CDC Small Business Finance

3.11 **Sarv Homayounpour**
9 **32401 Seven Seas Dr**
Dana Point, CA 92629-3529

☐ Schedule D, line _____
☒ Schedule E/F, line **4.19**
☐ Schedule G _____
M & J Star Construction, Inc.

3.12 **Sarv Homayounpour**
0 **32401 Seven Seas Dr**
Dana Point, CA 92629-3529

☐ Schedule D, line _____
☒ Schedule E/F, line **4.25**
☐ Schedule G _____
Sunbrite Pools

3.12 **Sarv Homayounpour**
1 **32401 Seven Seas Dr**
Dana Point, CA 92629-3529

☒ Schedule D, line **2.1**
☐ Schedule E/F, line _____
☐ Schedule G _____
U.S. Bank

3.12 **Sarv Homayounpour**
2 **32401 Seven Seas Dr**
Dana Point, CA 92629-3529

☒ Schedule D, line **2.2**
☐ Schedule E/F, line _____
☐ Schedule G _____
U.S. Bank

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.12 Sarv Homayounpour
3 32401 Seven Seas Dr
Dana Point, CA 92629-3529

☒ Schedule D, line 2.3
☐ Schedule E/F, line _____
☐ Schedule G _____
U.S. Bank

3.12 Sean Satey, MD
4 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.1
☐ Schedule G _____
A.G., an individual

3.12 Sean Satey, MD
5 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.2
☐ Schedule G _____
B.C., an individual

3.12 Sean Satey, MD
6 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.3
☐ Schedule G _____
B.H., an individual

3.12 Sean Satey, MD
7 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.4
☐ Schedule G _____
B.M., an individual

3.12 Sean Satey, MD
8 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.5
☐ Schedule G _____
C.C., an individual

3.12 Sean Satey, MD
9 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.6
☐ Schedule G _____
C.J., an individual

3.13 Sean Satey, MD
0 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.7
☐ Schedule G _____
C.L., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.13 **Sean Satey, MD**
1 **8929 University Center Ln Ste 205**
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line **4.8**
☐ Schedule G _____
C.S.J., an individual

3.13 **Sean Satey, MD**
2 **8929 University Center Ln Ste 205**
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
D.P., an individual

3.13 **Sean Satey, MD**
3 **8929 University Center Ln Ste 205**
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line **4.12**
☐ Schedule G _____
G.C., an individual

3.13 **Sean Satey, MD**
4 **8929 University Center Ln Ste 205**
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
G.G., an individual

3.13 **Sean Satey, MD**
5 **8929 University Center Ln Ste 205**
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line **4.14**
☐ Schedule G _____
J.H., an individual

3.13 **Sean Satey, MD**
6 **8929 University Center Ln Ste 205**
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line **4.15**
☐ Schedule G _____
K.A., an individual

3.13 **Sean Satey, MD**
7 **8929 University Center Ln Ste 205**
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line **4.16**
☐ Schedule G _____
K.M., an individual

3.13 **Sean Satey, MD**
8 **8929 University Center Ln Ste 205**
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line **4.17**
☐ Schedule G _____
L.G., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.13 Sean Satey, MD
9 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.18
☐ Schedule G _____
L.S., an individual

3.14 Sean Satey, MD
0 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.20
☐ Schedule G _____
M.M., an individual

3.14 Sean Satey, MD
1 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.21
☐ Schedule G _____
M.P., an individual

3.14 Sean Satey, MD
2 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.22
☐ Schedule G _____
M.R., an individual

3.14 Sean Satey, MD
3 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.23
☐ Schedule G _____
N.B., an individual

3.14 Sean Satey, MD
4 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.24
☐ Schedule G _____
S.L., an individual

3.14 Sean Satey, MD
5 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.26
☐ Schedule G _____
T.A., an individual

3.14 Sean Satey, MD
6 8929 University Center Ln Ste 205
San Diego, CA 92122-1008

☐ Schedule D, line _____
☒ Schedule E/F, line 4.27
☐ Schedule G _____
V.S., an individual

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.14 **Siva Natarajan, MD**
7 **1200 N State St Ste 14901**
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line **4.1**
☐ Schedule G _____
A.G., an individual

3.14 **Siva Natarajan, MD**
8 **1200 N State St Ste 14901**
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line **4.2**
☐ Schedule G _____
B.C., an individual

3.14 **Siva Natarajan, MD**
9 **1200 N State St Ste 14901**
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line **4.3**
☐ Schedule G _____
B.H., an individual

3.15 **Siva Natarajan, MD**
0 **1200 N State St Ste 14901**
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line **4.4**
☐ Schedule G _____
B.M., an individual

3.15 **Siva Natarajan, MD**
1 **1200 N State St Ste 14901**
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line **4.5**
☐ Schedule G _____
C.C., an individual

3.15 **Siva Natarajan, MD**
2 **1200 N State St Ste 14901**
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line **4.6**
☐ Schedule G _____
C.J., an individual

3.15 **Siva Natarajan, MD**
3 **1200 N State St Ste 14901**
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line **4.7**
☐ Schedule G _____
C.L., an individual

3.15 **Siva Natarajan, MD**
4 **1200 N State St Ste 14901**
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line **4.8**
☐ Schedule G _____
C.S.J., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.15 Siva Natarajan, MD
5 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.11
☐ Schedule G _____
D.P., an individual

3.15 Siva Natarajan, MD
6 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.12
☐ Schedule G _____
G.C., an individual

3.15 Siva Natarajan, MD
7 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.13
☐ Schedule G _____
G.G., an individual

3.15 Siva Natarajan, MD
8 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.14
☐ Schedule G _____
J.H., an individual

3.15 Siva Natarajan, MD
9 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.15
☐ Schedule G _____
K.A., an individual

3.16 Siva Natarajan, MD
0 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.16
☐ Schedule G _____
K.M., an individual

3.16 Siva Natarajan, MD
1 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.17
☐ Schedule G _____
L.G., an individual

3.16 Siva Natarajan, MD
2 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.18
☐ Schedule G _____
L.S., an individual

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.16 Siva Natarajan, MD
3 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.20
☐ Schedule G _____
M.M., an individual

3.16 Siva Natarajan, MD
4 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.21
☐ Schedule G _____
M.P., an individual

3.16 Siva Natarajan, MD
5 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.22
☐ Schedule G _____
M.R., an individual

3.16 Siva Natarajan, MD
6 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.23
☐ Schedule G _____
N.B., an individual

3.16 Siva Natarajan, MD
7 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.24
☐ Schedule G _____
S.L., an individual

3.16 Siva Natarajan, MD
8 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.26
☐ Schedule G _____
T.A., an individual

3.16 Siva Natarajan, MD
9 1200 N State St Ste 14901
Los Angeles, CA 90089-1001

☐ Schedule D, line _____
☒ Schedule E/F, line 4.27
☐ Schedule G _____
V.S., an individual

3.17 Sarv Homayounpour
0

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☒ Schedule G 2.2
M&J Star Construction, Inc.

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.17 Sarv Homayounpour
1

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☒ Schedule G 2.3
Sunbrite Pools

Fill in this information to identify your case:

Debtor 1 Arian Mowlavi, MD

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION

Case number 8:22-bk-10296-ES
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed
☐ Not employed

Office Manager

A.M. Cosmetic Surgery Clinics, Inc.

32406 Coast Hwy # 1
Laguna Beach, CA 92651-6783

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 9,966.67 \$ N/A

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ N/A

4. Calculate gross income. Add line 2 + line 3.

4. \$ 9,966.67 \$ N/A

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

	For Debtor 1	For Debtor 2 or non-filing spouse
4. Copy line 4 here	\$ <u>9,966.67</u>	\$ <u>N/A</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$ <u>1,596.71</u>	\$ <u>N/A</u>
5b. Mandatory contributions for retirement plans	\$ <u>0.00</u>	\$ <u>N/A</u>
5c. Voluntary contributions for retirement plans	\$ <u>1,625.00</u>	\$ <u>N/A</u>
5d. Required repayments of retirement fund loans	\$ <u>0.00</u>	\$ <u>N/A</u>
5e. Insurance	\$ <u>0.00</u>	\$ <u>N/A</u>
5f. Domestic support obligations	\$ <u>0.00</u>	\$ <u>N/A</u>
5g. Union dues	\$ <u>0.00</u>	\$ <u>N/A</u>
5h. Other deductions. Specify: <u>California State DI</u>	\$ <u>109.63</u>	\$ <u>N/A</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ <u>3,331.34</u>	\$ <u>N/A</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ <u>6,635.33</u>	\$ <u>N/A</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ <u>5,000.00</u>	\$ <u>N/A</u>
8b. Interest and dividends	\$ <u>50,000.00</u>	\$ <u>N/A</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ <u>0.00</u>	\$ <u>N/A</u>
8d. Unemployment compensation	\$ <u>0.00</u>	\$ <u>N/A</u>
8e. Social Security	\$ <u>0.00</u>	\$ <u>N/A</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ <u>0.00</u>	\$ <u>N/A</u>
8g. Pension or retirement income	\$ <u>0.00</u>	\$ <u>N/A</u>
8h. Other monthly income. Specify: _____	\$ <u>0.00</u>	\$ <u>N/A</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ <u>55,000.00</u>	\$ <u>N/A</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ <u>61,635.33</u>	\$ <u>N/A</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. +\$ <u>0.00</u>
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ <u>61,635.33</u>
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Arian Mowlavi, MD

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION

Case number 8:22-bk-10296-ES
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Father

11

☐ No

☒ Yes

Father

10

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 10,000.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 1,500.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 650.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 750.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	<u>550.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>450.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>200.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
7. Food and housekeeping supplies	7. \$	<u>2,400.00</u>
8. Childcare and children's education costs	8. \$	<u>3,491.67</u>
9. Clothing, laundry, and dry cleaning	9. \$	<u>1,300.00</u>
10. Personal care products and services	10. \$	<u>300.00</u>
11. Medical and dental expenses	11. \$	<u>250.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>500.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	<u>1,000.00</u>
14. Charitable contributions and religious donations	14. \$	<u>200.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>300.00</u>
15d. Other insurance. Specify: <u>Disability</u>	15d. \$	<u>740.00</u>
<u>Umbrella</u>	\$	<u>100.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Estimated Income Tax</u>	16. \$	<u>15,000.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	<u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$	<u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	<u>11,577.00</u>
20b. Real estate taxes	20b. \$	<u>2,000.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>900.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>1,250.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
21. Other: Specify: <u>Professional Fees</u>	21. +\$	<u>1,500.00</u>
<u>Association Dues</u>	+\$	<u>903.00</u>
<u>Bank Service Charges</u>	+\$	<u>25.00</u>
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	<u>57,836.67</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<u>57,836.67</u>
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<u>61,635.33</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<u>57,836.67</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<u>3,798.66</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain here: _____		

Fill in this information to identify your case:

Debtor 1	<u>Arian Mowlavi</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION</u>		
Case number (if known)	<u>8:22-bk-10296-ES</u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice,
Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Arian Mowlavi
Signature of Debtor 1

X

Signature of Debtor 2

Date March 18, 2022

Date _____

Fill in this information to identify your case:			
Debtor 1	Arian Mowlavi, MD		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION		
Case number (if known)	8:22-bk-10296-ES		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

1 Walking Stick
Laguna Niguel, CA 92677-5300

Dates Debtor 1 lived there

From-To:

Debtor 2 Prior Address:

☐ Same as Debtor 1

Dates Debtor 2 lived there

☐ Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☐ No
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

\$18,400.00

- ☒ Wages, commissions, bonuses, tips
☐ Operating a business

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

- ☐ Wages, commissions, bonuses, tips
☐ Operating a business

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2021) <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$919,600.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2020) <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$1,034,600.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$549,521.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: Rental income	\$10,000.00		
For last calendar year: (January 1 to December 31, 2021) Rental income	\$60,000.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☒ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
US Bank PO Box 790179 Saint Louis, MO 63179-0179	December 2021, January 2022, February 2022	\$32,497.65	\$1,853,025.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
US Bank PO Box 790179 Saint Louis, MO 63179-0179	December 2021, January 2022, February 2022	\$32,230.83	\$1,797,937.00	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
US Bank PO Box 790179 Saint Louis, MO 63179-0179	December 2021, January 2022, February 2022	\$10,655.04	\$268,714.28	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Mowlavi, et al. v. Johnson, et al 30-2021-01226133	Defamation, etc.	Orange County Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Case title Case number	Nature of the case	Court or agency	Status of the case
A.G., et al v. Mowlavi, et al. 30-2021-01238424	Medical malpractice, etc.	Orange County Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	--------------------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	--------------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property	Date of your loss	Value of property lost
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Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
J. Scott Williams, Attorney at Law 15615 Alton Pkwy Ste 175 Irvine, CA 92618-7303	Legal fees and retainer	January 2022	\$30,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	--	--	---------------------------

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
☒ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
Mowlavi Trust	Real estate and personal property in excess of \$7,000,000.00.	January 2021

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	--

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility	Who else has or had access to it?	Describe the contents	Do you still have it?
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Owner's Name	Where is the property?	Describe the property	Value
Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, State and ZIP Code)		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you know it	Date of notice
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you know it	Date of notice
Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)		

Debtor 1 **MD, Arian Mowlavi,**

Case number (if known) **8:22-bk-10296-ES**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	--	--------------------	-----------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☒ An officer, director, or managing executive of a corporation
☒ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed EIN: From-To
A.M. Cosmetic Surgery Clinics, Inc. 32406 Coast Hwy Laguna Beach, CA 92651-6783	Medical practice Alvarez & Company LLP	EIN: 76-0771208 From-To
Cosmetic Plastic Surgery Institute LLC 32406 Coast Hwy Laguna Beach, CA 92651-6783	Plastic surgery clinic Alvarez & Company LLP	EIN: 46-0767377 From-To
Laguna Surgery Institute, LLC 32406 Coast Hwy # 1 Laguna Beach, CA 92651-6783	Plastic surgery clinic Alvarez & Company LLP	EIN: 47-2792565 From-To
Mermaid Cosmetics LLC 32406 Coast Hwy Laguna Beach, CA 92651-6783	Cosmetics and supplies Alvarez & Company LLC	EIN: 46-4618449 From-To

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

Arian Mowlavi, MD
Signature of Debtor 1

Signature of Debtor 2

Date March 18, 2022

Date _____

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?
☒ No

☐ Yes. Name of Person _____ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1 MD, Arian

Part 2: Sign

By sign

X
Ar
Si

Date N
A

Fill in this information to identify your case:

Debtor 1 Arian Mowlavi, MD

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Central District of California, Santa Ana Division

Case number 8:22-bk-10296-ES
(if known)

☐ Check if this is an amended filing

Official Form 122B

Chapter 11 Statement of Your Current Monthly Income

12/21

You must file this form if you are an individual and are filing for bankruptcy under Chapter 11 (other than Subchapter V). If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

☒ Married and your spouse is NOT filing with you. Fill out Column A, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 9,966.67	\$
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 0.00	\$
5. Net income from operating a business, profession, or farm	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 133,333.33	
Ordinary and necessary operating expenses	-\$ -128,269.86	
Net monthly income from a business, profession, or farm	\$ 5,063.47	
	Copy here -> \$ 5,063.47	\$
6. Net income from rental and other real property	Debtor 1	Debtor 2
Gross receipts (before all deductions)	\$ 5,000.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 5,000.00	
	Copy here -> \$ 5,000.00	\$

Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Column A
Debtor 1

Column B
Debtor 2

7. **Interest, dividends, and royalties**

\$ 0.00

\$

8. **Unemployment compensation**

\$ 0.00

\$

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ 0.00

For your spouse \$

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00

\$

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

	\$	\$
	\$ <u>0.00</u>	\$
Total amounts from separate pages, if any.	+ \$ <u>0.00</u>	\$

11. **Calculate your total current monthly income.**

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$ 20,030.14

+

\$

= \$ 20,030.14

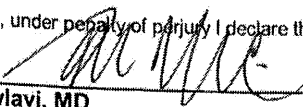
Debtor 1 MD, Arian Mowlavi,

Case number (if known) 8:22-bk-10296-ES

Part 2: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X


Arian Mowlavi, MD
Signature of Debtor 1

Date March 18, 2022
MM / DD / YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Central District of California, Santa Ana Division

In re MD, Arian Mowlavi,

Debtor(s)

Case No.
Chapter

8:22-bk-10296-ES
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DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>\$525.00 per hour</u>
Prior to the filing of this statement I have received	\$	<u>\$27,000.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Represent Debtor in Possession in Chapter 11 case. Retainer includes pre-petition services and filing fee.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 18, 2022

Date


J Scott Williams

Signature of Attorney

J. Scott Williams, Attorney at Law

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Irvine, CA 92618-7303

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jwilliams@williamsbkfirm.com

Name of law firm

Attorney or Party Name, Address, Telephone & FAX Nos., FOR COURT USE ONLY

State Bar No. & Email Address

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California State Bar Number: 110173

jwilliams@williamsbkbfirm.com

☐ Debtor(s) appearing without an attorney☒ Attorney for DebtorUNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA, SANTA ANA DIVISION

In re:

MD, Arian Mowlavi,

CASE NO.: 8:22-bk-10296-ES

CHAPTER: 11

VERIFICATION OF MASTER
MAILING LIST OF CREDITORS

[LBR 1007-1(a)]

Debtor(s).

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 7 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: March 18, 2022

Signature of Debtor 1

Date: 7

Signature of Debtor 2 (joint debtor)) (if applicable)

Date: March 18, 2022

Signature of Attorney for Debtor (if applicable)